

**Material Development and Training of KRPs of Gujarat
State in Identification of Learning Disabilities at Primary
Level and Suggest Remedial Measures**

PAC Programme

(2007-2008)

Programme Coordinator

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Since Children with Learning Disabilities are normal ways except in on or more that one mode of communication, they can be brought to main stream as if they are identified early and special provisions of resource room and trained teachers with teaching learning materials.

In completion of the programme, I am grateful to following Professors for their academic and administrative support.

- 1) Prof. Krishna Kumar, Director, NCERT, New Delhi
- 2) Prof. G. Ravindra, Joint Director, NCERT, New Delhi
- 3) Prof. A. B. Saxena, Principal, RIE, Bhopal
- 4) Prof. G.N.P. Srivastava, Head DEE, RIE, BPL
- 5) Director, GCERT, Gandhi Nagar
- 6) All the resource persons and participants who contributed for the programme

(Dr.S.K.Gupta)
Programme Coordinator

PREFACE

Inclusive Education is flexible and individualized support system for children with special needs. In a democratic country like ours, every child has the right to education and enjoys equal opportunities for unfolding his/her potentialities to the maximum. Equality in education requires personalized pedagogy and a careful investigation into individual aptitudes.

In view of the above, the training material related to learning disabilities is a significant attempt to reach the Key Resource Persons in the States and to empower them with the necessary know-how in this regard. All the Resource Persons and participants deserve thankful appreciation for their contributions towards the development of the material related to learning disabilities.

Dr. S.K. Gupta, Programme Coordinator and Project team deserves special mention for his academic inputs and special efforts in bringing out the Report in the present form. It is hoped that the material thus developed will be found useful for SCERTs, DIETs and NGOs in training their functionaries in learning disabilities.

Prof. A.B. Saxena
Principal
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Bhopal

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***Title - Material Development and Training of Key Resource persons
in Identification of Learning Disabilities at Primary Level and
Suggest Remedial Measures
PAC-16.05 (2007-08)***

Introduction

The Scheme of Sarva Shiksha Abhiyan is designed that all children in the age group of 6-14 have to provide useful and quality elementary education by 2010. To realize this goal children with special needs including children with learning disabilities have to be identified and special provision have to be made for their schooling and achievement along with other peers. This programme includes identification of children with learning disabilities by checklist developed during the programme and orient the KRPs of DIETs and NGOs and orientation of KRPs to make special provisions in terms of curriculum modification, adaptation of teaching learning process and development of teaching learning materials.

On the demand of Gujarat State Council of Educational Research and Training, the Coordinator formulated the Programme for the DIETs and NGOs of Gujarat State so that in turn these elementary teacher educators can organize training of primary school teachers for their respective Districts. The Programme was organized in two phases:

- (i) Three Days workshop to develop material related to Learning Disabilities on 28-20 November 2007 at RIE Bhopal.
- (ii) Training of KRPs of DIETs and NGOS of Gujarat State in Identification of Learning Disabilities at primary level and suggest remedial measures (17-20 March, 2008, at RIE Bhopal.

The above Programme was planned to conduct with following objectives in two phases:

Objectives

- i To explore the procedure to identify the children with learning disabilities at risk through exclusionary process.
- ii To develop tools/check list to study the nature of learning disabilities.
- iii To develop the strategies to assess the children and their disabilities.
- iv To evolve strategies to enhance competencies of school teachers to identify learning disabilities to occur in language and arithmetic and
- v Suggest remedial measures (play way approach).

Report of the first phase PAC Programme -16.05

A three days workshop was planned to develop material in Learning Disabilities and it was held on 28-30 Nov.2007. Following resource persons participated in the deliberations of the workshop :

- Prof.Vidhu Mohan, retired from Chandigarh University, Chandigarh
- Dr.Rudesh Vyas, Professor in Psychology, Surat University, Surat.
- Prof.S.K.Goel, Head DEE, RIE Bhopal.
- Dr.S.K.Gupta.Reader Coordinator of the programme.
- M/s Mangesha Baghel JPF,PGDGC,RIE,Bhopal
- Smt. Shivali Goel., Lecturer in Education, Rashtra Bharti Shiksha Maha Vidhyalaya, Ujjain could not attend the programme but presented a paper on LDs.

During the 3 days workshop following points emerged for procuring the teaching learning materials related to learning disabilities.

I. Advocacy Programme

- Awareness for parents and community members and teachers.
- Discussion on the concept of Learning Disabilities
- Prevalence (Different Type of Learning Disabilities)
- Differentiation of Learning Disabilities from other Disabilities
- Case Study of persons (Success Stories) with Learning Disabilities

II. Identification of Children with LDs at Risk

III. Non testing techniques

- Teacher Observation – (General/ by Check List)
- Peer Observations
- Self Report

IV Testing techniques:

- Non-Verbal Tests (colour progressive matrices etc.)
- Performance Test: Draw a Man Test , Sanguine Board,Koh's Block Design Test

V. Strategies for Remedial Measure

- Reading, Writing , Arithmetic
- Checklist for Identification of Learning Disabilities of school going children is prepared and finalized in consultation with on experts working in the field.

Developed at RIE Bhopal [28-11-07 To 30-11-07]

Check List for Identifying Learning Disabilities

1. Finds it difficult to organize his work and is often late in submitting his class-work.
2. Shows excessive inconsistency in the quality of performance, from time to time seems to be bright many ways, but still performance poorly in school and has no other disability.
3. While writing does the child write shabbily and fail to write in straight lines/
4. Confuses between left and right.
5. While reading, misses out lines or reads them twice a omit words.
6. Makes wild guesses at words whether they make sense or not (for example 'huge' for 'hurt' 'turned' for 'trainer')
7. Does the child not read well enough although his oral answers are intelligent?
8. Does the child make mistakes in spellings by changing places of letters('pat' instead of 'tap' 'felt instead of 'left')
9. Does the child write numbers wrong ('12' as '21' '6' as '9' '3' as '8')
10. Reads word backwards (for example 'on' for 'no', saw for 'was')
11. Shortens words or omits alphabets ('sunly' for 'suddenly', 'member' for 'remember' 'limp' as 'lip', 'went' as 'wet')
12. Misreads words which look similar ('help' for 'held', 'house' for 'horse' 'felt' as 'left' 'act as eat')
13. Adds letters ('want' as 'whart', 'what' as 'whart')
14. Does not write the appropriate letters (alphabet) when told the orally.
15. Confuse Arithmetical Operations like +,x,-, signs.
16. Does not match the letters when asked to
17. Has difficulty in recollecting words automatically and correct sentences.
18. Does the child read individual letters in words, but has difficulty in putting the sounds of letters in words, but has difficulty in putting the sounds of letters together(may sound 'f/o/g' and say frog')
19. Mirror writes numbers ('6' as '9' 'p' as 'b' as 'd' 'p' as 'q' ream for mar)

Dr.S.K.Gupta, Dr.Vidhu Mohan, Dr.R.M.Vays and Dr.S.K.Goel

Report of Second/Final Phase of the programme
Proceedings of second phase programme
(17-20 March 2008)

Proceedings

A Training Programme for the Key resource persons of DIETs and NGOs of Gujarat, Daman, Diu, Dadra and Nager Haveli was conducted at RIE Bhopal from 17-20 March 2008. In all 26 participants have attended the programme. These participants were deputed by GCERT, Gujarat State.

After extending a welcome address to the participants on behalf of the RIE Bhopal, Dr. S.K. Gupta, Reader in Education RIE Bhopal briefed the participants about the objectives of the programme. The training programme included four working days comprising of 16 sessions. The whole training emphasized participatory. Approach and deliberation were made in Hindi, English and Gujarati as per the needs of the participants. Two resource persons were invited from Surat, Gujarat State. Sessions comprised of Medical, Psychological and educational aspects were organized. Participants were also exposed to Non-verbal performance tests type of psychological Tests also. Cooperative teacher learning approached was used by involving. The participants in various types of group games related to reading. Writing speaking and number games. So that in play way they could understand the impairment and characteristics of children with Learning Disability. Prior to starting any game they were given following instructions.

- Every one have to listen and participate in the deliberations.
- You have to use, share and care approach while playing the game
- You can share your own views in Gujarati Hindi and English language.
- Try to participate in group work and make the learning joyful.

Programme

Monday 17 March 2008, Session I :(10.30 am-12.00). The first session was started with the presentation of lead paper by Dr. S.K. Gupta, Programme Coordinator. Dr. S.K Gupta started his session with the objectives of the programme. Further he narrated about the points emerged in first phase workshop:

- Sensitization of parents and teachers about the low Acherons (children at risk) through advocacy programme.
- Development of check list for identifying children with learning Disability
- Testing Techniques(Non verbal and performance Based)
- Intervention, Diagnosis and Remedial Measures.

Dr.Gupta concluded the first session with the following remarks on the basis of experience gained during the project funding related to learning Disabilities 1996.

Primary teachers can be trained in 3 days training about the symptoms of learning Disabilities and in turn teachers can identify the children out the risk of LDs.

- For this purpose exclusionary approach has to be used.
- Process based method has be used to diagnose the problem of these children in Reading writing and Arithmetic's.

Day Two 18/3/2008

First session of secondary was taken by Dr.Rudresh Vyas, MTB Arts College, Surat, Gujarat .He reiterated characteristics of children with learning Disabled in Gujarat Language and translated the check list developed in first phase in Gujarat in collaboration with the participants. Second session was devoted to group work Hindi Movie “Tare Jamien Par.

- Session third was taken by Dr.S.K.Gupta.
- He discussed about the process of Learning and learning Difficulties .How it is related to learning Disabilities.
- Session fourth of the day was taken by Ms. Bharti .
- The Session was devoted to orientation strategies .
- The Session followed the Group works.

Second Session of the first day was taken by Dr.Ketan Bhardva .He presented Status of Actives related to Learning Disabilities in Gujrat State. Dr Bhardva Medical Doctor also running a NGO and Masoom Children Hospital also taken.

Third Session of first day after lunch was continued by Dr.Ketan Bhardava. He dealt the topic, “Medical Aspects related to Learning Disabilities and explained about the Types of Specialist working with Learning Disabled Children.

The Fourth session was devoted to intervention strategies .The Session was taken by M/s Bharti Lecturer in Special Education, NCERT, New Delhi.

Day Three, 19.3.08

First session of the third day was taken by Mrs.Bharti. She devoted the session on “Games related to children with Learning Disabilities”. This session followed group work in the second session too.

Third session after lunch was taken by Dr.S.K.Gupta. He discussed with the participants about Functional Assessment of Children with Learning Disabilities.

The fourth and final session of the Third day was devoted for representation of NGOs working in this area. Mr.Netesh Solanki form Sri. V.S Gandhi Charitable Trust Kheda Gujarat, Presented the work done by them in the area of Learning Disabilities.

Day Four, 20.3.08

The first and second session of the forth day were devoted to Vocational Education for Children with Disabilities Professor S.K.Goel. Head DEE discussed with the participants about the importance of Vocational Education: Art Education including, Art and craft work, clay modeling, singing, dancing and theatre work etc. In the first session, Prof Goyal dealt with Management of Learning Disabilities. He said that merely discussing learning and its various forms will be a fruitless exercise unless it is followed by effective remedial measures to reduce to the minimum the deficit in learning in learning. Let us think about and situation which are helpful in learning in the classroom. These factors and situation which are in learning in the classroom. These factors with respect to learning in LD students can be enumerated as follows:

- i) Interest of LD students
- ii) Attention of LD students
- iii) Attitude of class towards LD students
- iv) Adequate Teaching-Learning classroom
- v) Spacious and well-furnished classroom
- vi) Peaceful Atmosphere

- vii) Competence of the Teacher's
- viii) Teacher's interest in his duties and responsibilities

Third session was allotted to "Psychological Testing and Functional Assessment" Dr.S.K.Gupta, Reader in Education, Department, .RIE, Bhopal. explained the needs and importance of Functional Assessment of Children with LDs. and Psychological Testing of Non – Verbal and Performance Tests of Intelligence, Aptitude and Personality. In this connection following tests were identified in the first phase of the workshop and explained to the participants in second phase.

- (i) Non verbal Tests : Colour Progressive matrices
- (ii) Performance Tests: Draw a Man Test

Fourth and final session of the programme was devoted to group work. Dr.Rudresh Vyas and Dr.S.K.Gupta, discussed with the participants and they were asked to report the points they have learnt their misunderstanding were rectified.

In valedictory programme participants presented their view about the programme. Finally programme was concluded with the vote of thanks to all concerned authorities, resource persons and participants with the hope to interact each other in terms of feed back.

Training of KRPs of Gujarat State in Learning Disabilities RIE Bhopal (17 to 20 March 2008)

Programme Schedule

17/3/08 (Monday) First Day of the Programme

9.30-10.30am	Registration
10.30-12.00am	Presentation of Lead Paper by Dr.S.K.Gupta,Coordinator
12.00-1.30 pm	Status of activities related to Learning Disabilities in Gujarat State by Dr.Ketan Bharadva
1.30-2.30 pm	Lunch
2.30-4.00 pm	Specific Learning Disabilities with special reference to Medical Aspects. by Dr.Ketan Baradwa.
4.00-5.30 pm	Identification of Learning Disabilities through Check List. By Dr. S.K.Gupta

18/3/08 (Tuesday) Second Day of the Programme

9.30-11.00am	Characteristics of Learning Disabled Children Development of Check List in Gujarat by Dr.Rudresh Vyas
11.00-12.00am	Group Discussion on film Tare Jameen Par By Dr. Rudresh Vyas
12.00-1.00 pm	Process of Learning Difficulties with special reference to Children with special needs By Dr.S.K.Gupta
1.30-2.30 pm	Lunch
2.30-4.00 pm	Intervention Strategies by Mrs. Bharti
4.00-5.30 pm	Group work

19/3/08 (Wednesday) Third Day of the Seminar

9.30-11.30am	Games for L.D. children at primary school (Group work) By Mrs. Bharti
11.30-1.30 pm	Assessment of children with LDs. Dr. S. K. Gupta
1.30 - 2.30 pm	Lunch
2.30-4.00 pm	Presentation of NGO by Neelesh
4.00-5.30pm	Group Discussion – Dr. S. K. Gupta

20/3/08(Thursday) Fourth Day of the seminar

9.30-12.00 am	Vocational Education for Children with LDs. Art +work/ Craft work Singing, Dancing Art Education By Prof. S. K. Goel.
12.00-1.30 pm	Psychological Practicals – Dr. S.K. Gupta.
1.30 - 2.30 pm	Lunch
2.30-4.00 pm	Group work –Dr. Rudresh Vyas (Discussion in Gujarati Language)
4.00-5.30 pm	Presentation of participants and Valedictory Programme

List of Resource Persons

- (i) Prof. Vidhu Mohan from Chandigarh University**
- (ii) Prof. S.K. Goel Head D.EE., RIE, Bhopal**
- (iii) Prof. Rudresh Vyas Surat University**
- (iv) Smt. Bharti, Lecturer in Special Education DEGSN, NCERT, New Delhi.**
- (v) Dr. Ketan Bhardava, Director NGO, Masoom Children's Hospital, Surat, Gujrat**
- (vi) M/s Shivali Goel, Lecturer in Edu. Rashtra Bharti, Shiksha Mahavidhyalay, Ujjain**
- (vii) Dr. S.K. Gupta Convenor, RIE, Bhopal.**

***Teaching Learning
Material Related to
Learning Disabilities.***

**IDENTIFICATION OF THE
CHILDREN WITH
LEARNING DISABILITIES
AT RISK (POWER
PRESENTATION)**

COMPONENTS :-

FOCUS OF ATTENTION

- Attention towards particular task.
- Attention towards parents.
- Attention towards environment.
- Attention towards siblings.
- Attention towards games.
- Attention towards other objects.

FINE MOTOR SKILLS

- Buttoning.
- Shoe Lacing .
- Drawing.
- Delay the Task.
- Unstable pencil grip.
- Any other.

LISTNENING & SPEAKING

- Speaks later than most children.
- Difficulty rhyming words.
- Delay or difficulty in understanding or using spoken language.
- Difficulty understanding simple instructions.
- Doesn't hear fine difference in words; e.g. pin for pen.

ASSOCIATION (MEMORY)

- Difficulty in writing.
- Inability to reproduce long passages in a cohesive way.
- Delayed inadequate speech
- Difficulty in learning & remembering printed words.
- Letter reversal (b for d) & number reversal (6 for 9)
- Problem with direction (up & down).
- Slowness in naming objects & colors.
- Difficulty coloring and copying.
- Doesn't recognize words or pictures previously learned.
- Difficulty following directions or routines.

VOCABULARY

- Slow vocabulary growth
- Often unable to find write word.
- Trouble learning Alphabets.
- Confuse basic words (run, eat, want).
- Limited awareness of or interest in print (in books and other source).
- Leaving out or inserting words while reading.

Learning Disabilities Sensitization Questions (Types, Causes, Symptoms and Diagnosis)

- What is a learning disability?
- What are the types of learning disabilities?
- What causes learning disabilities?
- Are learning disabilities related to difference in the brain?
- How learning disabilities are first identified?
- What are the education options?
- Is medication available?
- How do families learn to cope?
- Can learning disabilities be out grown or cured?

Learning Disabilities Sensitization Questions (Types, Causes, Symptoms and Diagnosis)

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- Can learning disabilities be out grown or cured?

LEARNING DISABILITIES

Problems in spelling, reading writing, arithmetic, listening and comprehension because of disorders in Psychological processes.

LD Term Includes

1. Perceptual handicaps
2. Brain Injury
3. Minimal Brain Dysfunction (MBD)
4. Dyslexia (Reading difficulty)
5. Aphasia (Speech difficulty)

Term does not include learning problem resulted from

Visual handicap/hearing handicap/motor handicap/mental handicap.

Environmental/cultural economic/disadvantage.

MBD- Applies to children of average or above average intelligence who have LD associated with functional problems of CNS.

CNS - The part of the nervous system to which the sensory impulses are transmitted and from which motor impulses develop.

CNS – DYSFUNCTION – Some brain or neurological damage that impedes individual's motor and/or learning abilities.

LEARNING DISABILITIES AND THEIR MANAGEMENT

Dr. S.K. Goel

The term learning disability refers to the learning disorder with respect to even the basic skills of reading, writing and simple mathematical calculations. This disorder is commonly known as Attention Deficit Hyperactivity Disorder (ADHD) characterized by three basic behaviors:

1. Hyperactivity:

It is marked by high degree of movement in limbs of LD students. They keep swaying in their seats, tapping pencil or fingers on the tables or striking their feet against the floor, thus showing a type of restlessness.

2. Distractibility/Inattention :

It is two types – i) Auditory Distractibility and ii) Visual Distractibility.

Auditory Distractibility :

It is marked by attention to all types of sounds relevant or irrelevant as chirping of birds telephone rings and traffic horns.

Visual Distractibility :

It is marked by attention to all types of scenes relevant or irrelevant i.e. picture, books, trees, blocks, toys etc.

3. Impulsivity:

It is marked by inability of learning disabled in discriminating between right and wrong steps/actions/decisions.

Learning disabilities may be of following types:

1. Dyslexia :

It is marked by very slow pace of reading and that too by mispronouncing words, misarranging letters and sometimes leaving words and lines.

2. Dyscalculia :

This is seen in the form of difficulty encountered by learning disabled student in solving even simple math calculations. The student develops disinterest towards Mathematical work both in the class and at home.

3. Disgraphia :

It is marked by disorder in writing in sequence, improper arrangement of letters and words which results in spelling mistakes and sentences not conveying proper meaning. Some other features of disgraphia are that the words are illegible, incomplete and of irregular sizes and slanting shapes.

Heinz and Alfred Strauss (1937) who continued the work of Goldstein, developed a number of concepts that were most important to the field that was soon to be called learning disabilities. Following the work of Werner, Strauss and Goldstein, a major contribution to the field of ADHD was made by Cruickshank. He may be viewed as either a perceptual-motor advocate or related to the brain injury strand of the field of learning disabilities. He did most of his work in area of hyperactivity among children.

Cruickshank (1981) has given a comprehensive definition of the term, which reads as under:

“Learning disabilities are problems in the acquisition of development skills, academic achievement, social adjustment and secondarily emotional growth and development, which are the result of perceptual and linguistic processing deficits. Learning disabilities may be observed in children and youth of any age and of any level

of intellectual function, are the results of perceptual processing deficits which, in turn, are or may be the result of a (diagnosed or inferred) neurological dysfunction occurring at prenatal of (in case of linguistic dysfunction) at the post natal periods of development.”

DIAGNOSING LEARNING DISABILITY:

The teachers, in their capacity as managers of the class, have to peep into the minds of students to get an idea about their likes and dislikes, interests, preferences, tendencies and trends and broad nature. An understanding about all these things enables the teachers to devise effective strategies to teach LD. Students. Not to speak of learning loss due to inattention by an LD child, even a brilliant student is more likely to suffer loss in learning due to inattention. It is, therefore, imperative for the teachers – the class managers to arrange for effective ways and means to eliminate inattention on LD students to minimize their learning loss. As learning disability exists the whole life span, it is advisable to cater to learners’ interest and switch over to teaching of only those things which interest them. This will prove to be an effective measure to minimize the learning loss in learning disabled students.

Students exhibiting inattention have existed in all ages. LD students are accorded special attention and favour for fulfillment of the dream of providing elementary education to all children under the programme ‘Education for All’. As such, Sarva Shiksha Abhiyan is on for achieving the aim of providing useful and relevant elementary education to all children in the age group of 6-14 by 2010. To realize this aim, the teachers are expected to discharge their duties in the right earnest by proceeding with an effective action plan, caring for the interests of the whole class including learning LD student/s. Any carelessness may create serious problems for the teacher/s. A learning disabled may be the cause of dissatisfaction of the whole class because of learning loss. The class may be noisy and full of fighting scenes almost daily in absence of effective class control. This may even cause physical injuries to students. Teachers are likely to have sleepless nights if confronted with complaints of learning loss from parents of all students due do to ineffective class control and indiscipline.

Learning disabilities of various types in LD students are attributable to the following conditions.

- i) Highly fluctuating attention.
- ii) Low retention/learning loss due to lack of interest in subject which look interesting to them.
- iii) Uncongenial Atmosphere due to indiscipline, noise, inadequate seating, lighting, and number of basic facilities.
- iv) Teachers' disinterest in his duties and responsibilities.
- v) Teachers' incompetence in taking care of LD students.
- vi) No concern for likes and dislikes of LD students.
- vii) Lack of Recreational Facilities.
- viii) Lack of Orientation/Special Training to Teachers to acquire skills/competence teaching such students.

MANAGING LEARNING DISABILITIES:

Merely discussing learning disabilities and its various forms will be a fruitless exercise unless it is followed by effective remedial measures to reduce to the minimum the deficit in learning. Let us think about the factors and situation which are helpful in learning in the classroom. Theses factors with respect to learning In LD students can be enumerated as follows:

- i) Interest of LD Students.
- ii) Attention of LD Students.
- iii) Attitude of class towards LD students.

- iv) Adequate Teaching- Learning Aids.
- v) Spacious and well-furnished Classroom.
- vi) Peaceful Atmosphere.
- vii) Competence of the Teacher/s.
- viii) Teachers' interest in his duties and responsibilities.

Language learning and Dyslexia

Dr. S.K. Gupta,
RIE, Bhopal

Language Disorder: Language differences are not necessarily language disorders. Students with language disorders are those who are markedly deficient in their ability to understand or express language, compared with other students of their own age and cultural group (Owens, 1999). Students who seldom speak, who use few words or very short sentences, or who rely only on gestures to communicate should be referred to a qualified school professional for observation and testing. Table 4.6 gives ideas for promoting language development for all students.

Encouraging Language Development

- Talk about things that interest children.
- Follow the children's lead. Reply to their initiations and comments. Share their excitement.
- Don't ask too many questions. If you must, use questions such as how did/do..., why did do/ and what happened....., that result in longer explanatory answers.
- Encourage children to ask questions. Respond openly and honestly. If you don't want to answer a question, say so and explain why. (I don't think I want to answer that question. It's very personal.)
- Use a pleasant tone of voice. You need not be a comedian, but you can be light and humorous. Children love it when adults are a little silly.
- Don't be judgmental or make fun of children's language. If you are overly critical of children's language or try to catch and correct all errors, they will stop talking to you.
- Allow enough time for children to respond.
- Treat children with courtesy by not interrupting when they are talking.
- Include children in family and classroom discussions. Encourage participation and listen to their ideas.
- Be accepting of children and of their language. Hugs and acceptance can go a long way.
- Provide opportunities for children to use language and to have that language work for them to accomplish their goals.

Higher order comprehension and Learning Disabilities (Reaching Every Student) at upper primary level: Steps For Management

1. **Prereading:** Defining a theme, discussing the value of themes, drawing on students' personal experience.
2. **Reading:** The teacher reads the story and inserts questions while reading to help students connect what they know to the story. At the of the reading, the class discusses the main point in the story and the teacher reads a summery highlight.
3. **Discussing Using the Theme Schemes:** The teacher and students discuss the important information using six organizing questions. The first focused on the story content:
 - Who was the main character?
 - What was her/his problem?
 - What did she/he do?
 - What happened at the end of the story?The last two question encouraged students to make judgments in order to identify a theme:
 - Was what happened good or bad?
 - Why was it good or bad?
4. **Identifying the Theme:** Students then state the theme in standard format:
 - (The main character) learned that she (he) should (not) -----.
 - We should (not) -----.
 - The theme of the story is -----.
5. **Application of Theme:** the students learn to ask three questions to generalize the theme.
 - Can you name someone who should (not) -----?
 - When is it important for (that person) to do (of not do) -----?
 - In what situation will this help?
6. **Multimodal Activity:** Every lesson after the first one included a role-play of the story theme where the students acted out the characters in the story, an art activity to show the theme, or a music activity such as writing a rap song that communicated the theme.
7. **Review:** a recap of the Theme Schema and a preview of the relationship lesson.

Students with Learning disabilities

Dr. S.K. Gupta
RIE, Bhopal

Introduction: A students who struggle of read, write, spell, or learn math, even though he or she does not have mental retardation, emotional problems, or educational disadvantages and has normal vision, hearing, and language capabilities. This is a relatively new and controversial category of exceptional students. There is no fully agreed upon definition. The National Joint Committee on Learning Disabilities (1989), a group of parents and professionals, proposes the following definition:

Learning disabilities is a general term that refers to a heterogeneous group of disorder manifested by significant difficulties in the acquisition and use of listening, speaking, reading; writing, reasoning, or mathematical abilities. These disorders are intrinsic to the individual, presumed to be due to due to central nervous system dysfunction and may occur across the life span.

This definition eliminates reference to older terms such as brain injury of minimal brain dysfunction, and indicates that learning disabilities may pose a lifelong challenge. Most definitions agree that students with learning disabilities are atleast average in intelligence, but have significant academic problems and perform significantly below what would be expected.

Students Characteristics: Students with learning disabilities are not all alike. The most common characteristics are specific difficulties in one of more academic area; poor coordination; problem paying attention; hyperactivity and impulsivity; problem organizing and interpreting visual and auditory information; disorder of thinking, memory, speech, and hearing; and difficulties making and keeping friends (Hallahan & Kauffman, 2003; Hunt & Marshal, 2002). Many students may have some of the same characteristics. To complicate the situation even more, not all students with learning disabilities will have these problem, few will have allof the problem. One student may be three years behind in reading but above grade level in math, while another student may have the opposite strengths and weaknesses and a third may have problem with organizing and studying that effect almost all subject areas.

Most students with learning disabilities have difficulties reading. These difficulties appear to be caused by problem with relating sounds to letters that make up words, making spelling hard as well. Math, both computation and problem solving, is the second most common problem area for students with learning disabilities, and their spoken language can be halting and disorganized. They tend to be passive learners, in part because they don't know how to focus on the relevant information, get organized, apply learning strategies and study skills, change strategies when one is not working, or evaluate their learning. They tend to be passive learners, in part because they don't know how to learn working independently is especially trying, so homework and seatwork are often left incomplete.

LEARNING DISABILITIES (Symptoms)

Stage wise classification of children with LDs in following components.

	Language	Memory	Attention	Fine Motor skills	Other Functions
Lower Primary	Pronunciation problem, slow vocabulary growth, lack of interest in story telling.	Trouble in learning alphabets, days of week, etc. poor memory for routine activities.	Restlessness, inpersistence at tasks.	Trouble in learning self help skills (e.g. tying shoe laces) clumsiness, reluctance to draw or trace.	Trouble in learing left from right (possible visual, spatial confusion) poor social skill.
Upper Primary	Delayed in decoding abilities for reading, trouble in following directions, poor spellings.	Show recall of facts organization problem slow acquisition of new skills, poor spellings.	Lack of planning, carelessness.	Unstable pencil grip, trouble with letter formation.	Trouble in learning about time (temporal sequential disorganization, poor grasp of maths concepts).
Middle Grades	Poor reading comprehension lack of verbal participation in class, trouble with word problems.	Recall facts of maths automation recall.	Inconsistency, poor self - monitoring, no interest in finding details.	Inconsistent in wrinting.	Poor learning strategies, disorgani sation in time & space, may face peer rejection.

Lower Primary	Pronunciation problem, slow vocabulary growth, lack of Interest in story telling.	Trouble in learning alphabets, alphabet, days of week, etc., poor memory for routines	restlessness In persistence at tasks.	Trouble learning self Help skills (e.g.tying Shoe laces) Clumsiness Reluctance to draw or trace.	Trouble learning left from right (possible visual spatial confusion Trouble interesting (poor social skills). Trouble learning about time (Temporal sequential disorganization, poor, Grasp of Math Concepts) Poor learning strategies Disorganization in time & space, Peer rejection
Lower Primary	Delayed decoding, abilities for reading, Trouble in following directions, Poor spellings.	slow recall of facts, Organization problem, slow acquisition of new skills poor spellings.	Impassively lack of planning, careless errors insatiability Distratibility	Unstable pencil grip Trouble with letter formation	
Middle Grades	Poor reading comprehension, lack of verbal participation in class, trouble with word problems.	recall of facts of maths automation recall	Inconsistency poor self monitoring great knowledge edge of Trivia distaste for find detail	First-like or tight pencil illegible slow or inconsistent Reluctance to write.	

Dyslexia

Reading Habits and Errors of Student with Learning Disabilities

Do any of your students show these signs? They could be indications of learning disabilities

Poor Reading Habits

- Frequency loses his or her place.
- Jerks head from side to side.
- Expresses insecurity by crying or refusing to read.
- Prefers to read with the book held within inches from face.
- Shows tension while reading such as reading in a high-pitched voice, biting lips, and fidgeting.

Word Recognition Errors

- Omitting a word (e.g. “He came to the park is read. He came to park”)
- Inserting word (e.g. “He came to the (beautiful park”).
- Substituting word for another (e.g. “He came to the pond”).
- Reversing letters or words (e.g. was is read saw)
- Mispronouncing letter of words (e.g. park is read park).
- Transposing letters of words (e.g. “The dotage ate fast,” is read, “The dog fast ate”).
- Not attempting to read an known word by breaking it into familiar units.
- Slow, laborious reading, less than 20 to 30 words per minute.

Comprehension Errors

- Recalling basic facts (e.g., cannot answer question directly from a passage.
- Recalling sequence (e.g., cannot explain the order of events in a story).
- Recalling main theme (e.g., cannot give the main idea of a story).

Teaching students with Learning Disabilities:- Reading is a combination of teaching letter-sound (phonological) knowledge and word identification strategies appears to be effective. 1. Word identification by analogy, 2. Seeking the part of the word that you know, 3. Attempting different vowel pronunciations, and 4. “Peeling off” prefixes and suffixes in a multisyllabic word. Teachers worked along with analysis of word one-to-one with the students to learn and practice these four strategies along with word sounds and bleedings sounds into words (phonological knowledge). Direct teaching of skills and strategies is especially important for students with reading disabilities.

TYPES OF LEARNING DISABILITIES

There are many kinds of learning disabilities and the jargon can get confusing, following are some common terms and their definitions:

1. Dyscalculia-Inability to do math.
2. Dysgraphia-Inability to write.
3. Dyslexia-Inability to read.
4. Association Reactions: One part of the body moves involuntarily because of the movements of another part of the body: For instance the left arm may move when the right arm moves or one arm may move when the head turns.
5. Auditory Perceptual Problem: Trouble taking information in through the sense of hearing and/or processing that information. People with this problem frequently hear inaccurately. A sequencing or discrimination error can change the meaning of the entire message. For example, one might hear “I ran to the car”, instead of ‘I rented the car’. People with auditory handicaps frequently do not hear unaccented syllables. They may hear ‘formed’ instead of “performed”, “seven” instead of ‘seventy’. Some auditory perceptual handicaps are.
 - Auditory discrimination problem – trouble telling the difference between similar sounds, such as ‘th’ and ‘f’ or ‘m’ and ‘n’hearing “seventeens” instead of “seventy”; hearing an angry rather than a joking tone of voice.
 - Auditory figure-ground problem-Trouble hearing a sound over background noise: for example, being unable to hear the telephone ring when one is listening to the radio, or having difficulty hearing someone talking at a party when music is playing.
 - Auditory sequencing problem-Trouble hearing sounds in the correct order, for example, hearing ‘nine-four’ instead of ‘four-nine’; hearing ‘treads’ instead of ‘street’, hearing music garbled because the melody is perceived out of order.

6. Catastrophic response – An involuntary reaction to too many sights, sounds, extreme emotions or other strong stimuli. This may result in losing one's temper, becoming dazed or unaware of one's surroundings, or "freezing" for a short time.
7. Cognitive Disorganization: Difficulty thinking in an orderly, logical way. People with this problem often jump to conclusions and have difficulty planning tasks.
8. Crossing the Midline: Trouble with moving one's limbs across the centre of the body. This could include: Difficulty writing across a page, sweeping a floor or controlling steering wheel.
9. Directional Problem: Trouble automatically distinguishing left from right; learning north, south, east and west; learning the layout of large symmetrical buildings.
10. Disinhibition: Difficulty in behaving appropriately in an automatic way. This is a problem with the self-government part of the brain that stops one from doing such things as laughing at the wrong time, talking aloud to oneself, coughing without covering the mouth. A disinhibited person might abruptly interrupt a conversation or talk aloud to himself in public.
11. Intersensory Problem., Trouble using two senses at once or associating two senses, for instance, not realizing that the letter "d" which is seen, is the same as the sound "d" when it is spoken; being unable to feel someone tap you on the shoulder while you are reading; being unable to listen to conversation and drive at the same time.
12. Memory Problem – Short term, Trouble remembering; names, numbers, specific facts, what happened a few minutes ago. A poor memory makes academic success difficult.
13. Motor Problem: Trouble moving one's body efficiently to achieve a certain goal. Some motor problems are;

- Perceptual motor problems – Trouble performing a task requiring coordination because of inaccurate information received through the senses. This may result in clumsiness, difficulty in participating in simple sports, awkward or stiff movements.
 - Visual motor problem – Trouble seeing something and then doing it; learning a dance step while watching a teacher, copying something off a blackboard, throwing something at a target.
 - Auditory motor problem – Trouble hearing something and then doing it, following verbal directions, dancing to a rhythmic beat, taking notes in a lecture.
14. Perceptual Problems: Trouble taking information in through one's senses and/or processing that information.
 15. Proprioceptive Perceptual Problem: Trouble knowing where one is in space. A person with this problem might not be able to tell the position of her limbs with her eyes closed.
 16. Soft Neurological Signs: Signs of central nervous system dysfunction that can be observed; staring, turning the head instead of moving the eyes, inability to look people in the eye, not holding the head straight, being easily startled.
 17. Tactile Perceptual Problem: Trouble taking information in through the sense of touch. Some tactile handicaps are:
 - Immature Tactile System – People with this problem dislike being touched lightly, but crave pressure touch, such as being hugged hard or huddling with knees to their chest. Until the immaturity is overcome, tactile discrimination cannot develop.
 - Tactile Defensiveness- Tendency to avoid being touched because of an immature tactile system.
 - Tactile Discrimination Problem- Trouble feeling the difference between similar objects such as bond or regular typing paper, light or heavy sandpaper, silk or cotton, ripe or unripe cantaloupe.

- Tactile Pressure Problem – trouble judging the right amount of pressure needed to perform motor acts, holding an egg in two fingers without breaking or dropping it, tapping someone playfully rather than hitting them.
- 18.** Vestibular Perceptual Problem: with one's senses of balance, for example, a tendency to lose one's footing on a curb.
- 19.** Visual Perceptual problem: Trouble taking information in through the sense of sight and/or processing that information. Some of these are:
- Visual figure-ground problem: Trouble seeing a specific image within a competing background; finding a face in a crowd, finding keys on a crowded desk, picking out one line of print from the other lines in a book. People with this problem cannot see things that others can see; to them, the keys on a crowded desk are not there.
 - Visual discrimination problem: Trouble seeing things in a correct order, for instance, seeing letters or numbers reversed, seeing two cans reversed on a shelf of cans. The person with this problem actually sees the word incorrectly. He sees 'was' instead of saw.
 - Visual Discrimination problem: Trouble seeing the difference between two similar objects, such as, the letters 'v' and 'u' or 'e' and 'c' the difference between two shades of one colour or two similar types of leaves. The person with this problem sees the two similar objects as alike.
 - Depth perception problem: Trouble perceiving how far away (or near) an object may be; For instance, you may not know how close the fork is to your hand or how far to reach to put a glass of water on the table.

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Dyslexia:- A Newest Category of Special Education

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Introduction

The field of learning disabilities is the newest category of Special Education.

Nail Diamond's "Brooklyn Roads" expresses the frustration often felt by the L.D child. Such children, as usually defined have learning problems in school even though they may be no less intelligent than their non disabled classmates. They have difficulty in one or more academic areas. Reading in particular, looms as a major stumbling block L.D. children are also apt to be hyperactive and inattentive.

Definition of L.D

Learning Disabilities is a general term that refers to a heterogeneous group of disorder manifested by significant difficulties in the acquisition & use of listening speaking reading, writing, reasoning of mathematical abilities. These disorder are intrinsic of the individual presumed to be due to control nervous system dysfunction & may occur across the life span.

Although learning disabilities may occur concomitantly with other handicapped conditions for example, sensory impairment, mental retardation, serious emotional disturbance along with extrinsic influences such as cultural differences, insufficient or inappropriate instruction, they are not the result of those condition of influences.

Learning Disabilities could be distinguished as-

- (a) DYSLEXIA
- (b) DYSCALCULIA
- (c) DYSGRAPHIA

Dyslexia is the most frequently observed disabilities across the children.

Dyslexia can further be distinguished as visual & Auditory dyslexia

Visual Dyslexia	Auditory Dyslexia
1. Visual discrimination difficulties	1. Auditory discrimination and perception problem
2. Slow rate of perception	2. Auditory analysis and synthesis difficulties,
3. Reversal tendencies	3. Auditory sequencing problem.
4. Inversion of tendencies (n for u, m for w)	4. Preference for recognized sounds.
5. Problem with visual retention of sequence.	5. Unable to recognize sounds.
6. Visual memory deficits	6. Inability in producing vowel sounds.
7. Interior drawing & lack of details	
8. Problem with visual analysis and synthesis (part whole relationships)	
9. Preference for Auditory tasks	
10. Difficulties with eye-hand co-ordination tasks such as games, puzzles motor tasks.	
11. Difficulties with eye-hand co-ordination tasks.	

Disorders of Readings: Dyslexia

1.	Word by word
2.	Incorrect Phrasing
3.	Poor Pronunciation
4.	Omission
5.	Repetitions
6.	Inversion reversals
7.	Insertions
8.	Substitutions
9.	Basic sight words not known
10.	Sight vocabulary not up to grade level.
11.	Guesses at words.
12.	Consonant sounds not known
13.	Vowel sounds not known
14.	Blends, digraphs of diphthongs not known
15.	Lacks desirable structural analysis
16.	Unable to use context clues
17.	Contraction not known
18.	Fails to comprehend
19.	Response poorly organized
20.	Low rate of speed
21.	Voicing lip movement
22.	Inability to skim (read or look over superficially)
23.	Inability to adjust reading rate of difficulty of material
24.	Written recall limited by spelling ability
25.	Undeveloped dictionary skill.
26.	Inability to locate information.

Research has also examined the relationship between attention and reading disability. Roses(1966) considers learning disability to be the result of “delayed development” in the capacity to employ and sustain selective attention. Indeed the inability to attend to relevant stimuli is a problem of many dyslexic readers. The inability to read is also associated with inadequate language such as vocabulary, meaning, sentence structure listening comprehension and clarity of pronunciation. A failure in any of these areas can lead to a reading disability.

Games identified in the training programme at RIE Bhopal Fine

Games – 1.Patther aur paani

This is a traditional game which is played in the north India or in Delhi with other names like Uunch Neench Ka Paapdaa. This is a group game played between a denner versus the whole group. The whole group will ask the denner singing what you want...Uunch Neench ka Paapda Uunch Maangee key Neench? The denner will have to reply singing.... Uunch neench ke paapda mein to mango.... Followed by the choice from uunch or the neench, if the denner asks for uunch the whole group will have to run to the places previously unanimously agreed upon as uunch or the high places, same if the denner asks for neench the group moves to flat floor. During the process of running towards the desired choice the denner tries to touch the group member running there by making them out if the denner succeeds in touching a person before he/she reaches the desired spot, that person has to take the place of the denner.

Educational variations possible with this game

- Noun of verbs
- Synonyms
- Antonyms
- Odd even numbers
- Picture or name
- Variable or constant
- Compound or element
- Mixture of compound
- vowel or consonant
- Aa kee Maatraa or Ee kee Maatraa

❖ **Noun or verb**

❖ **Objective**

- The students will learn to apply the knowledge of noun and verb.
- The lesson can be reinforced in play way and joy full manner with teacher getting instant feed back about his/her teaching.

- To improve students retention regarding the concepts dealt.

❖ **Preparation**

- Shapes on the floor, with example of verb or the noun written on them.
- Noun or verb cards spread over the floor.

❖ Minimum two players can play but will be fun with more number of players.

❖ **Target group**

- Any class in which noun or verbs are introduced.

To play any of the educational version the children will run to collect the desired object, written on the flash card spread over the floor or on the table at the back of the classroom. The song can be made like for Noun or verb “noun or verb ka kissa hai, kissa hai bhai kissa hai. Is kissey hai, tumhein chaheye kya? The denner may reply noun or verb ka kissa hai, will run to get the right choice. And the denner will run to catch the person who will take his/her place.

Instead of making playing cards the teacher can also mark the places on the floor in geometrical shapes writing names of the noun or the verbs in the spaces on which the running players may stand.

❖ **Synonyms**

Preparation

The word tags to be worn by the students, made with different colors and thickness and shapes for the non LD group and for ID group keep the stimulation as simple as possible meaning same shape and size of the word tags. As many tags as the synonyms teacher has taught,

❖ **Objective**

Synonyms i.e. word meaning the same things can be taught and learnt using this game. The teacher will give each child a word tag, to be worn just like name tag.

The teacher will also keep some for him/her self. The songs goes like this.....

The teacher will wear a word tag and the students will read the tag silently and all those wearing the synonym will sit down. They will get 10 points. If there are few synonyms still standing then the teacher will slowly read out the word to aid in the identification of the synonym the students sitting after this verbal clue will get 8 points. If after this there are still some synonym standing the teacher will repeat the word once again and the child who realizes

the correct but doesn't have the right one will get a chance to run to the right one and exchange his or her tag with the person. The person not able to identify will now be collecting all the cards from the persons sitting and doing practice for the word along with its synonyms. The persons first to sit will get a chance to choose the next word from the teachers tags and all the sitting ones will get new tags and the others will exchange the tags for the second round.

Game 2- kitnaaa rey kitnaa

An Indian version of fie in the mountain. The denner asking kitnaa rey kitnaa? The others replying tum bolo uttnaa! The denner asks for a number and the rest of the players form groups having that many players.

i. Can be modified to learn

- (i) simple calculations like instead of asking plain numbers ask 2+3, 4x5 etc.
- (ii) can be used with dyslexic children for improving their listening skills, and verbal comprehension skills.
- (iii) can be used with dysgraphics also with the title "likhoo bhaai likhoo bhaai" kya likhoo bhaai? Replying simple words..... for dysgraphic and difficult for the regular children.
- (iv) can be used to revise any topic.

Game 3 – Gandhi jee Kahatey hain----- Indian version of simonds says----- can also be renamed as "Naaneejee kahatee hai, dadaajee kahatey hai.....mummy kahatee hai etc.

The one player instructs, saying Naaneejee kaha tee hai----- followed by instruction like haath upper karoo. The rest of the players follows the directions after waiting for few repetitions of the instruction. The denner again says Naaneejee kahatee hai baith jao, the players sit and the denner again changes the instructions by saying Naaneejee kahatee hai dance karoo, and the players follows now the denner simply says haath hawaa mein hilaao and all those players who follows will be out as now the denner has n't used the magic words "Naaneejee kahatee hai".

- i. For Possible variations
- ii. For mathematics and language.
- iii. For team building.
- iv. For Attention enhancement.

Games 4 – pim pom pass

a. The players divide themselves in to triads i.e. groups of three. The groups number themselves. One group starts. The first player of the group says Pim the second says Pom and the third says Pass along with a number. The group having that number will have to start saying Pim Pom pass and the game continues.

i. Variations for education.

1. each groups can be given few cards with the topic say polynomials examples of polynomials like monomials $2x$, $6y$, $9d$, $7x$ etc. binomials $2x + 7y$, $2x-3g$, trinomials etc. the groups can ask to pass for example monomial, then the teams will have to search for the correct example the team giving as many correct answer will get the chance to ask for the pass.

These games were discussed in the KRPs training for LD for Gujarat state at RIE Bhopal 17th to 20th march 2008. Ms. Bharti Lecturer in Special Educations DEGSN, NCERT, facilitated the games in the group at RIE, BPL.

खेल – खेल में आनन्द अनुभूति/सहकार से सीखना

1. खेल का नाम : पंछी उड़-फरर
2. अधिगम विषय क्षेत्र : मौखिक भाषा, मौखिक गणित
3. आयु समूह/कक्षा : 1 से 4 कक्षा
4. दो या दो से अधिक विद्यार्थी
5. खेल के पद :

भाषा	1. फलेश कार्ड दिखाकर समानार्थी शब्द छांटने को कहें, सही क्रिया करने पर ताली बजाए । विलोम शब्दों के लिए चपटी बजाएं ।
गणित :	विषम संख्या के लिए हाथ उपर करें । सम संख्या के लिए हाथ सामने करें । बढ़ते क्रम के उदाहरण के लिए खड़े हो जायेंगे । घटते क्रम के उदाहरण के लिए बैठ जायेंगे ।
6. प्रयुक्त सामग्री : फलेश कार्ड एवं बॉक्स
7. खेल के लिए तैयारी : समानार्थी एवं विलोम शब्दों के कार्ड्स बनाकर रखे,
इसी प्रकार गणित की क्रिया से संबंधी कार्ड्स बनाए जायेंगे ।
8. विशिष्ट उद्देश्य :
 1. विद्यार्थियों को अवधान केन्द्रित करने के लिए अभ्यास कराना ।
 2. एकाग्रता बढ़ाने हेतु गतिविधियां कराना ।
 3. शब्द कोष तथा ज्ञान बोध का विकास करना ।
 4. मौखिक भाषा (वाचन कौशल) का विकास करना ।

9. विधि

1. अपने वर्ग में उपलब्ध भौतिक वस्तुओं के फ्लेश कार्ड चित्र बनायेंगे।
2. शिक्षक सारे फ्लेश कार्ड क्लासरूम में रखेंगे।
3. खेल शुरू करने से पहले शिक्षक विद्यार्थियों के दल को दो समान भागों में बांट देंगे।
4. शिक्षक के मांगे जाने पर विद्यार्थी वांछित फ्लेश कार्ड को निकाल कर देगा।
5. समूह द्वारा अर्जित अंकों को श्यामपट पर लिखा जायेगा।
6. गलती करने वाले समूह के अंक कम किये जायेंगे और सफलता मिलने पर अंक दिये जायेंगे।

नोट—

सर्वप्रथम, खेल सरल वस्तुओं/शब्दों के नाम से शुरू करेंगे। धीरे-धीरे खेल कठिन वस्तुओं/शब्दों से आगे बढ़ायेंगे जिससे बच्चों में उत्सुकता बनी रहे और वे खेल को जीतने की पूरी कोशिश करें।

10. खेल के लिए निर्देश

- असफल बच्चे को आउट माना जायेगा और समूह को अंक की हानि होगी।
- विशिष्ट बालक के असफल होने की स्थिति में उसे इशारे से बताकर पुनः अवसर दिया जायेगा।
- फ्लेश कार्ड बनाते समय हो सकें तो बच्चों की मदद ली जायेगी।

खेल को और अधिक रूचि पूर्ण बनाने हेतु सुझाव

- इस खेल के अंतर्गत कोई भी एक विषय तय कर इसे विषय आधारित नाम दे सकते हैं।
- इस पद्धति को ध्यान में रखते हुये शिक्षक बच्चों को पिकनिक पर ले जायेंगे। वहां के पर्यावरण स्थल के बारे में बच्चों को बतायेंगे। दूसरे दिने दो टीम बनाकर उस स्थल को ध्यान में रखते हुये, उसी पद्धति से इस विषय को खेल के माध्यम से सिखायेंगे। इस प्रक्रिया को आत्म अधिगम, अनुभव आधारित खेल विधि आदि नाम दिया जा सकता है।

सामूहिक खेल द्वारा अधिगम

1. खेल का नाम: पिम पॉम पास
2. अधिगम विषय क्षेत्र: भाषा, गणित, पर्यावरण अध्ययन
3. आयु समूह/कक्षा: 6-8वर्ष/ 1 से 3 तक
4. विषयांश: समान अर्थों वाले शब्द, इकाई अंक गेम, दहाई अंक, कार्ड गेम्स
5. सामग्री: पेन, पेंसिल, हार्डबोर्ड, कार्ड्स, घड़ी, कागज, धागा, बॉक्स आदि
6. खेल के लिए सामग्री: अ. खेल में कम से कम 2 या तीन बच्चें।
ब. खेल में कम से कम 2 या तीन बच्चों के 2 समूह हों।
स. खेल की प्रत्येक गति विधि पूर्ण करने के लिए समय सीमा होना चाहिए।
7. भाषा अक्षमता संबंधी खेल: (पढ़ने संबंधी कठिनाई)
 - खेल के पद:
इस खेल में एक समूह से एक बच्चा पिम बोलेगा, दूसरा बच्चा पॉम बोलेगा, तीसरा बच्चा या शिक्षक पास बोलेगा और आगे की गतिविधियां प्रस्तुत करेगा। दिये गये बाक्स में से फ्लेश कार्ड निकलकर विद्यार्थी के सामने रखते हुए, उससे उपयुक्त शब्द बाला फ्लेश कार्ड निकालने के लिए कहा जाएगा और उस शब्द का उच्चारण करेगा। तत्पश्चात् उसी तरह का वैसा ही शब्द बच्चे से वाक्य में से ढूंढने को कहेगा और उस शब्द को पढ़ने को कहेगा। इस कार्य के लिए समय का निर्धारण भी किया जा सकता है।
8. लेखन अधिगम अक्षमता खेल:
 - खेल के पद: इस खेल में एक बच्चा पिम बोलेगा, दूसरा बच्चा पॉम बोलेगा, तीसरा बच्चा या शिक्षक पास बोलकर फ्लेश कार्ड पर लिखे शब्द या अंक देगा और प्रथम व द्वितीय दोनो विद्यार्थियों को कार्ड पर लिखे अंक/शब्द को अपनी कॉपी में या श्यामपट पर लिखेगा।
यदि विद्यार्थी पहली, दूसरी, कक्षा के हैं तो उनसे दिये गये फ्लेश कार्ड के अंक/अक्षर के समान दूसरे वैसा ही फ्लेश कार्ड वाक्य से मिलान करने को कहेंगे।

माड्यूल- अधिगम विकलांगता का वर्गीकरण

वर्गीकरण

- | | |
|---|------------------------------|
| 1. विकासात्मक अधिगम विकलांगता | शैक्षिक अधिगम विकलांगता |
| 1. प्राथमिक | पढ़ने संबंधी |
| • प्रत्यक्षीकरण संबंधी दोष
(दृष्टि, श्रवण, स्पर्श आदि) | (Dyslexia) |
| • स्मरण संबंधी | |
| • अवधान संबंधी
(व्यवहार केन्द्रण की कमी) | लिखने संबंधी
(Dysgraphia) |
| • व्यवहार संबंधी
(अति क्रियाशील) | गणित संबंधी
(Dyscalculia) |
| 2. द्वितीयक प्रकार | |
| • सोचने, विचार करने व अभिव्यक्ति की अक्षमता | |
| • भाषा संबंधी अक्षमता | |

चर्चा के बिन्दू

- अधिगम विकलांगता वाले बच्चों की पहचान हेतु एन.सी.ई.आर.टी. 1987 की लक्षण सूची।
- उपरोक्त लक्षण सूची द्वारा शिक्षकों का उन्मुखीकरण।
- अधिगम विकलांगता संबंधी लक्षणों पर विस्तृत चर्चा।

क्रिया कलाप

- एन.सी.ई.आर.टी (1987) द्वारा विकसित लक्षण सूची के आधार पर प्राइमरी स्कूल के शिक्षक के लिए उन्मुखीकरण कार्यक्रम का आयोजन (आर.आई.ई. एवं एन.सी.ई.आर.टी, भोपाल के मार्गदर्शन)।
- शिक्षकों को लक्षण सूची प्रदान करके उनकी कक्षा में अधिगम विकलांगता की रीस्क वाले बच्चों की पहचान करने की प्रक्रिया प्रारम्भ करना।
- अधिगम विकलांगता वाले बच्चों की समस्याओं पर चर्चा करना तथा
- अधिगम विकलांगता की रोकथाम हेतु उपायों पर चर्चा करना।

सहायक सामग्री

- एन.सी.ई.आर.टी (1987) लक्षण सूची।
- आर.आई.ई. भोपाल प्रभारी विशेष शिक्षा कक्ष के मार्गदर्शन में कक्षा-3 के लिए विकसित भाषा परिक्षण एवं गणित परीक्षण।
- अधिगम विकलांगता के क्षेत्र में आर.आई.ई., भोपाल द्वारा किये गये शोध अध्ययन के परिणाम।
- दृश्य श्रव्य सामग्री।

Activities of IEDC Cell,GCERT-GANDHINAGAR, 2007-2008

- ❖ Trained two lecturers from each DIET in order to provide guidance to all volunteer institute and they are also given responsibility to monitor the institute.
- ❖ Cell has inspected volunteer organization and provided intensive guidance through regular meeting.
- ❖ Training and seminars are conducted at different places for lecturer, DRG, to guide them to work in field. Two separate modules are designed for guidance of the special teachers.
- ❖ An evaluation committee is formed at district level by IEDC Cell to solve the problem of evaluation for disable children.
- ❖ 18352 schools are covered under the scheme from all over Gujarat.
- ❖ Administrative Evaluation format is developed by the cell for NGO's under this scheme.
- ❖ Category wise disable children are enrolled under this scheme.
 - Visually Impaired – 7277
 - Hearing Impaired – 5196
 - Mentally Retarded – 17637
 - Orthopedic Handicapped – 16766
 - **Total number of Disabled Children : 46876**
- ❖ Cell has scrutinized all disabled children and also their medical certificate under the scheme.
- ❖ Volunteer organizations has provided educational equipments and uniforms for 46876 disabled children.

- ❖ A proposal sent to Govt. of India to cover more blocks, so more children can cover under this scheme.
- ❖ 07 New NGOs from the non benefited areas are covered under the scheme. (Proposal of the new N.G.O. has been sent to Govt. of India for approval)
- ❖ Cell has organized to work shop of modules writing for special teachers.
- ❖ Cell has organized a training program for various type of special teachers.

माड्यूल क्षेत्र—अधिगम विकलांगता संबंधी प्रशिक्षण सामग्री
एकीकृत शिक्षा व्यवस्था

1. **प्रकरण—** अधिगम विकलांग बच्चों की एकीकृत शिक्षा।
2. **उद्देश्य—** प्रस्तुत माँड्यूल के अध्ययन से जिला शिक्षा एवं प्रशिक्षण संस्थान के शिक्षक प्रशिक्षक—
 - एकीकृत शिक्षा योजना के बारे में जानकारी प्राप्त कर सकेंगे
 - अधिगम विकलांग बच्चों की जरूरतों को समझा कर उन्हें सामान्य शाला में एकीकृत करने के लिए जरूरी परिवर्तनों के बारे में विचार कर सकेंगे।
 - अधिगम विकलांग बच्चों के लिए पाठ्यक्रम अनुकूलन की जानकारी प्राप्त कर सकेंगे।
 - अधिगम विकलांग बच्चों को शिक्षा देने के लिए उपयोगी शैक्षणिक साधनों की जानकारी प्राप्त कर सकेंगे।

3. **विषय प्रवेश—**

एकीकृत शिक्षा योजना सामान्य शालाओं में विकलांग बच्चों के लिए शैक्षिक अवसर प्रदान करती है। अधिगम विकलांगता ऐसी विकलांगता है जो शिक्षक समझ नहीं पाते हैं तथा ऐसे बच्चों को मानसिक रूप से कमजोर समझ लेते हैं पर यदि ऐसे बच्चों पर थोड़ा विशिष्ट ध्यान देकर विभिन्न प्रकार की शैक्षणिक पद्धतियों व सहायक सामग्री का उपयोग करके उन्हें शिक्षा दी जाये तो ये बच्चे भी सामान्य बच्चों की तरह ही शिक्षा प्राप्त कर सकते हैं। अतः शिक्षकों को लक्षण सूची के आधार पर ऐसे बच्चों को पहचानकर उन्हें विशिष्ट पद्धतियों से सिखाना चाहिये ताकि वे सरलता से सीख सकें तथा उनके द्वारा की जाने वाली पुनरावर्तित गलतियों को सुधारा जा सके।

अधिगम विकलांग बच्चों में मस्तिष्क का कोई एक सा अधिक भाग ठीक से कार्य नहीं करते अतः इस भाग से संबंधित लिखने, पढ़ने व व्यवहार संबंधी कठिनाईयों ऐसे बच्चों में दिखाई देती है।

4. **चर्चा के बिन्दू—**

- अधिगम विकलांगता के प्रकार पहचान माड्यूल में दिये गये हैं।
- अधिगम विकलांग बच्चों की व्यवहार संबंधी विशेषताएं।
- अधिगम विकलांग बच्चों को पढ़ने में होने वाली कठिनाइयां।

- लेखन में होने वाली कठिनाइयां।
- गणितीय समस्याएँ— अंकों की पहचान, क्रम तथा गणित की मुख्य चार प्रक्रियाएँ।
- अधिगम विकलांग बच्चों के लिए उपयोगी विशिष्ट शिक्षण पद्धतियों और सामग्री।
- अधिगम विकलांग बच्चों बौद्धिक क्रिया कलापों में अन्य बच्चों की तरह ही सामान्य हो सकते हैं।

5. क्रिया कलाप—

- कक्षा में विद्यार्थियों को बोलने के अधिकाधिक अवसर प्रदान करना।
- मौन वचन के बजाय बोल-बोलकर जोर-जोर से पठन को प्रोत्साहन।
- शब्दों, वाक्यों से संबंधित खेलों का आयोजन।
- अताक्षरी तथा अन्य इसी तरह के खेलों का आयोजन।
- पहाड़े का गायन।
- एक जैसे दिखने वाले शब्दों, अक्षरों व अंकों की सूची तैयार कर बच्चों से पुनरावर्तन करवाना तथा कक्षा में दीवार पर टांगकर रखना।
- आस-पास के पर्यावरण में उपलब्ध वस्तुओं का उपयोग कर विभिन्न आकारों तथा आकृतियों की समझ लेना।
- कक्षा में प्रतिदिन विद्यार्थियों से उस दिन की तारीख, माह, वर्ष इत्यादि के बारे में पूछें तथा प्रतिदिन कक्षा में ब्लैक बोर्ड पर लिखने को कहें।
- अधूरे से संबंधित खेलों की सूची तैयार कर कक्षा, घटाना, गुणा और भाग से संबंधित क्रियाएँ कक्षा में करवारा।

6. सहायक सामग्री—

उपरोक्त क्रिया कलाप के लिये उपयोगी सहायक सामग्री जैसे अंक कार्ड, शब्द कार्ड, अक्षरों के कार्ड, चार्टस, चित्र, पर्यावरण में उपलब्ध वस्तुएँ जैसे कंकर, पत्थर, पेड़ की पत्तियाँ, फूल, कागज, कक्षा की वस्तुएँ, बच्चों की वस्तुएँ, खिलौने इत्यादि का उपयोग किया जा सकता है।

7. आकलन—

- डाइट के व्याख्याताओं के ज्ञान का आकलन।
- शिक्षकों के ज्ञान का आकलन।
- क्रिया कलापों का आकलन।
- विद्यार्थियों की प्रगति का आकलन।

अधिगम विकलांग बच्चों को सामान्य कक्षा में एकीकृत करने के लिये शिक्षकों को बच्चों की जरूरतों के अनुसार सोच विचार कर तथा परिस्थिति को समझकर ऐसी क्रियाएं, खेल आदि का आयोजन करना चाहिये ताकि बच्चे खेल-खेल में बहुत ही सरलता से सभी कुछ सीख सकें। इसके लिये ऐसे विद्यार्थियों पर वैयक्तिक ध्यान देकर हर विद्यार्थी के लिए वैयक्तिक कार्यक्रम तैयार करने चाहिये।

8. निष्कर्ष—

वैयक्तिक शिक्षा एवं वैयक्तिक शिक्षण कार्यक्रमों के अन्तर्गत कार्य विश्लेषण के द्वारा अवधान केन्द्रण, पुनः अवधान केन्द्रण के द्वारा बालक को अपनी क्रियाओं एवं दुष्क्रियाओं को स्वयं समझकर अन्तर करने के अवसर प्रदान करने चाहिए। इससे बालक की स्वयं की अपनी दुष्क्रियाओं में सुधार होगा। ऐसा खेल-खेल में तथा स्थूल क्रियाओं के रूप में दिया जाएगा तो सुधार की संभावनाएं अधिक होगी। व्यवहार रूपान्तर प्रक्रिया, संज्ञानात्मक प्रक्रिया, स्थूल प्रत्यक्षीकरण आधारित अधिगम, योगाभ्यास आदि अधिगम विकलांग बच्चों के व्यवहार प्रबंधन की मुख्य पद्धतियां हैं। कार्यात्मक आकलन ऐसे बच्चों को पहचानने तथा उनकी समस्याओं के कारण जानने में मुख्य रूप से सहायक होता है।

अधिगम विकलांगता वाले विद्यार्थियों के लिये वैयक्तिक शैक्षिक कार्यक्रम

बालक का नाम

पिता का नाम.....

कक्षा..... जन्म तिथि.....उम्र.....शाला का नाम.....

समस्या.....

जिस दिन से आई.आई.ई.पी प्रारंभ किया.....

छीर्घकालीन लक्ष्य	लघुकालीन लक्ष्य	क्षमता / कमी	विधि	सामग्री
प्रत्यक्षीकरण				पलतू घरेलू जानवरों के कार्ड दिखाकर पूछें
सरल से कठिन की ओर				पक्षियों के कार्ड दिखाकर नाम पूछें

माडयूल – अधिगम विकलांगता संबंधी प्रशिक्षण सामग्री

जनजागरूकता माडयूल-1

1. प्रकरण—अधिगम विकलांगता वाले बच्चों के विषय में जानकारी व जागरूकता।
2. उद्देश्य— प्रस्तुत माँडयूल के माध्यम से जिला शिक्षा एवं प्रशिक्षण संस्थान डाइट के शिक्षक प्रशिक्षक:—
 - अधिगम विकलांगता वाले बच्चों की विशिष्ट आवश्यकताओं क्षमताओं तथा समस्याओं की जानकारी प्राप्त कर सकेंगे।
 - प्राथमिकता शाला के शिक्षकों तथा अभिभावकों को इन बच्चों की विशेष आवश्यकताओं क्षमताओं तथा समस्याओं की जानकारी प्रदान कर सकेंगे।
 - सामुदायिक कार्यक्रमों के आयोजन से इन बच्चों की विशेष आवश्यकताओं क्षमताओं एवं समस्याओं के प्रति जन-जन सकारात्मक अभिवृत्ति का विकास करने हेतु प्रयास करेंगे।
 - अधिगम विकलांगता के सामान्य कारणों की जानकारी प्राप्त कर सकेंगे।

3. विषय प्रवेश—

अधिगम विकलांगता एक वृहद एवं जटिल क्षेत्र है। अधिगम विकलांग बच्चे सभी आयु वर्ग, जाति व सामाजिक-आर्थिक स्तर के परिवारों में पाये जाते हैं। यह लड़कियों की अपेक्षा लड़कों में अधिक पायी जाती है। शिक्षक यदि ध्यान दे तो उनको अपनी कक्षा में कुछ बच्चे उो मिलेंगे जिनमें न तो कोई दृष्टि दोष है, न ही वे श्रवण बाधित है, न ही उनमें अंगचलन संबंध विकलांगता होती हैं, उनकी बुद्धिलब्धि भी प्रायः सामान्य या अधिक होती है। इस सब के बावजूद भी इन बच्चों की शैक्षिक उपलब्धि अपनी क्षमता/योग्यता की तुलना में कम आँकी जाती है। जिससे इनमें अनेक प्रकार की कुठाँओं का उत्पन्न होना स्वाभाविक है। अधिगम विकलांग बच्चों को, परिवार तथा स्कूल में समायोजित करने में कठिनाई होती है। यदि समय रहते इनकी समस्याओं को नहीं समझा गया तो उनके बाल अपराधी बनने की संभावना से इन्कार नहीं किया जा सकता है। छः वर्ष से पूर्व ऐसे बच्चों की पहचान करना एक कठिन कार्य है। कक्षा 2 में बच्चें पढ़ने लिखने लगते हैं और स्वयं को व्यक्त करने लगते हैं तभी अधिगम विकलांगता की पहचान करना संभव होता है। अधिगम विकलांगता की समस्याएं प्रत्येक व्यक्ति की आन्तरिक है, केन्द्रीय तन्त्रिका की दुष्क्रियात्मकता इसका कारण हो सकता

है । कुछ लोग यह भी मानते हैं ये विकलांगता अन्य विकलांगता की स्थितियों में भी संभव है । जैसे इन्द्रिय जनितहानि, मानसिकता विकलांगता, सामाजिक एवं भावनात्मक परेशानियां ।

अधिगम विकलांगता के कारण— अधिगत विकलांगता एक अत्यन्त व्यापक प्रत्यय है। इसके कारण भी अनेक हैं, कुछ अनुवांशिकी, गर्भावस्था, जन्म के समय या जन्म के बाद के तथ्यों के परिणाम स्वरूप हो सकती है । कुछ लोग विकासात्मक कारणों के अन्तर्गत इसका कारण तन्त्रिका तंत्र संबंधी कार्य के हास की अपेक्षा तन्त्रिका संबंधी विकास के पिछड़ेपन को मानते हैं । कुछ लोगों का मानना है कि अधिगम विकलांग व्यक्तियों में माइलिनीकरण की प्रक्रिया देर से हाती है । (माइलिन मस्तिष्क को कवर करने वाला सुरक्षा कवच है । जो मस्तिष्क की रक्षा करती है और विद्युत रासायनिक सम्प्रेषण में वाहन का कार्य भी करती है) व्यवहारनवादी, अधिगम विकलांगता के लिए वातावरण की परिस्थितियों को इसके लिए उत्तरदायी मानते हैं, जैसे अनुचित निर्देश उचित प्रेरणा का अभाव, अनुचित बैठक व्यवस्था जिससे प्रत्यक्षीकरण प्रभावित हो सकता है ।

4. चर्चा के बिन्दु—

- अधिगम विकलांगता की विशिष्टता एवं जटिलता के बारे में चर्चा करना ।
- अधिगम विकलांगता वाले विद्यार्थियों की समस्याओं एवं आवश्यकताओं के संदर्भ में शिक्षकों की भूमिका ।
- पालकों की भूमिका ।
- कक्षा के सहपाठियों की भूमिका ।
- डाइट के प्रशिक्षकों की भूमिका ।
- एडवोकेसी कार्यक्रमों की आवश्यकता व आयोजन ।
- बाल अपराधी बच्चों में अधिगम विकलांगता होने की संभावना पर चर्चा ।

5. क्रिया कलाप—

- लेखन, पठन, वर्तनी, गणित आदि अक्षमताओं में से किसी एक या दो विषयों में निरन्तर निम्न शैक्षिक उपलब्धि वाले विद्यार्थियों की सूची बनाना ।

- वामहस्त वाले तथा अन्य ऐसे विद्यार्थियों की सूची बनाना जिनका लेखा गंदा-भद्दा व असंगठित हो ।
- ऐसे व्यक्तियों की सफल गौरव गाथा का बखान करना जो बाल्यावस्था में अधिगम विकलांग होने के बाद भी उचित वातावरण मिलने पर सफल वैज्ञानिक राजनेता बन सके, जैसे आईसटीन, एडीसन तथा चर्चिल आदि ।

6. सहायक सामग्री—

- वीडियों फिल्म द्वारा अधिगम विकलांग व्यक्तियों विशेषकर अति क्रियाशील, अवधान की कमी वाले तथा उल्टा लिखने वाली की कक्षा में की जाने वाली गतिविधियों को दिखाना ।
- एन.सी.ई.आर.टी., नई दिल्ली द्वारा विकसित कार्यात्मक आकलन संबंधी सामग्री ।
- अधिगम विकलांग बच्चों की केस स्टडी ।
- रेवेन्स कलर प्रोग्रेसिव मानसिक अक्षमता परीक्षण ।

7. सारांश—

अधिगम विकलांगता एक विचित्र स्थिति है । इसके कारणों के बारे में प्रामाणिक रूप से कहना अभी संभव नहीं है । लक्षणों के आधार पर ऐसे बच्चों को पहचानना संभव है । यदि समय रहते 6—7 वर्ष में इसकी पहचान कर ली जाए तो अधिकांश बच्चों की समस्याओं का निदान करके उपचार करना संभव हो सकता है । चूंकि हर बच्चे की अलग-अलग समस्याएं होती हैं अतः समस्याओं के निदान एवं उपचार हेतु अलग-अलग पद्धतियां प्रयोग में लायी जाती हैं, यह बच्चों शारिरिक रूप से अन्य बच्चों के समान सक्षम होते हैं परन्तु मस्तिष्क के किसी एक या अन्य अवयव की दुष्क्रिया के कारण प्रत्यक्षीकरण सूचना प्रक्रिया एवं अन्य व्यवहार संबंधी गड़बड़ करते हैं ।

माडयूल— अधिगम विकलांगता संबंधी प्रशिक्षण सामग्री

पहचान माडयूल

1. **प्रकरण—** अधिगम विकलांगता वाले बच्चों की पहचान।?
2. **उद्देश्य—** प्रस्तुत माँडयूल का अध्ययन करके जिला शिक्षा एवं प्रशिक्षण संस्थान डाइट के शिक्षक प्रशिक्षक:—
 - अधिगम विकलांगता के लक्षणों की सूची बना सकेंगे।
 - लक्षण सूची के आधार पर अधिगम विकलांगता वाले बच्चों की पहचान कर सकेंगे।
 - इस माडयूल को समझकर प्राथमिक विद्यालय के शिक्षकों को ऐसे बच्चों को पहचान करने संबंधी प्रशिक्षण प्रदान कर सकेंगे।
 - अधिगम विकलांगता के कारणों की जानकारी प्रदान करेंगे।

3. विषय प्रवेश—

दृष्टि विकलांग, श्रवण विकलांग, अंगचलन विकलांग तथा मानसिक विकलांगता वाले बच्चों के बारे में तो आपने सुना होगा। इनके अलावा भी एक विशिष्ट विकलांगता वाले बच्चे हमारी शालाओं में देखे जाते हैं। इनमें उपरोक्त चारों प्रकार की विकलांगता प्रायः नहीं होती है, फिर भी ये विद्यार्थी कक्षा में अपनी क्षमता की तुलना में कम शैक्षिक उपलब्धि हासिल करते हैं। इन विशेष प्रकार की विकलांगता वाले बच्चों को पहचानने के लिए उनके सतत सम्पर्क में रहना जरूरी है यह कार्य शिक्षकों एवं अभिभावकों के सहयोग से ही संभव है। शैक्षिक प्रक्रिया, से संबंधित लक्षण निम्नलिखित हैं—

1. परसेच्यूल मोटर लक्षणों के अन्तर्गत, दृष्टि व श्रवण प्रत्यक्षीकरण समस्याएं।
2. लिखने तथा अभिव्यक्ति वाली भाषा संबंधित समस्याएं।
3. ध्वनि विज्ञान संबंधी समस्याएं।
4. लेखन व लिखित भाषा की समस्याएं।
5. पठन संबंधी समस्याएं।
6. गणित संबंधी समस्याएं।
7. ज्ञान संबंधी लक्षण (स्मरण, सोच व अवधान) आदि।

शासकीय शालाओं की कक्षा 3 के छात्र-छात्राओं को विभिन्न क्रियाओं का निरीक्षण करने पर निम्नलिखित अधिगम अक्षमता लक्षणों की जानकारी मिलती है—

- कुछ बच्चे लिखते समय अपनी स्लेट/कॉपी घुमाते रहते हैं।
- कुछ बच्चे दोनों हाथों से लिखते पाये गये।
- उल्टे हाथ से लिखने वाले अधिकांश बच्चों में लेखन संबंधी कठिनाई होती है।
- कुछ बच्चे एक ही क्रिया को बार-बार दोहराते हैं।
- कुछ बच्चे किसी कार्य पर ध्यान नहीं लगा पाते हैं।
- कुछ बच्चे अजीबों गरीब ढंग से अनुमान लगाते हैं।
- रंग बोध, दिशा बोध आदि की कमी पायी जाती है।
- पढ़ने, लिखने में कठिनाई का अनुभव करते हैं।
- निर्देशों को सुने—समझे बिना क्रिया करते हैं।

उपरोक्त लक्षणों वाले बच्चों की पहचान करने के उपरोक्त निदान एवं उपचार समय रहते ही जल्दी करना चाहिए अन्यथा उनमें अधिगम विकलांगता आने की संभावना बनी रहती है। यदि किशोरावस्था तक उपचार नहीं किया गया तो इस विकलांगता का उपचार करना अत्यन्त कठिन कार्य होता है। बड़े-बड़े वैज्ञानिक तथा राजनेता अपने बचपन में अधिगम विकलांगता के शिकार रहे हैं, परन्तु समय से पहचान, निदान एवं उपचार के कारण वे अपने क्षेत्र में महान कार्य कर सके हैं।

Lower Primary	Pronunciation problem, slow vocabulary growth, lack of Interest in story telling.	Trouble in learning alphabets, alphabet, days of week, etc., poor memory for routines	restlessness In persistence at tasks.	Trouble learning self Help skills (e.g.tying Shoe laces) Clumsiness Reluctance to draw or trace.	Trouble learning left from right (possible visual spatial confusion Trouble interesting (poor social skills). Trouble learning about time (Temporal sequenital disorgani zation, poor, Grasp of Math Concepts) Poor learning strategies Disorgani sation in time & space, Peer rejection
Lower Primary	Delayed decoding, abilities for reading, Trouble in following directions, Poor spellings.	slow recall of facts, Organization problem, slow acquisition of new skills poor spellings.	Impassively lack of planning, careless errors insatiability Distratibility	Unstable pencil grip Trouble with letter formation	
Middle Grades	Poor reading comprehension, lack of verbal participation in class, trouble with word problems.	recall of facts of maths automation recall	Inconsistency poor self monitoring great knowledge edge of Trivia distaste for for find detail	First-like or tight pencil illegible slow or inconsistent Reluctance to write.	

